



EXHIBIT B

Attorney Docket No. 18475-016

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MAY 03 2002

DECLARATION FOR PATENT APPLICATION

TECH CENTER 1600/2900

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL CHIMERIC ANALGESIC PEPTIDES

the specification of which is attached hereto unless the following is checked:

[X] was filed on October 28, 1999, United States Application No. 09/428,692, PCT International Application No. _____, bearing attorney docket no. _____, and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application designating at least one country other than the United States listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

			Priority Claimed	
			[]	[]
(Number)	(Country - if PCT, so indicate)	(dd/mm/yy Filed)	Yes	No
_____	_____	_____	[]	[]
(Number)	(Country - if PCT, so indicate)	(dd/mm/yy Filed)	Yes	No

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

_____ (Application No.)	_____ (Filing Date)	_____ (Status: Patented, Pending, Abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Status: Patented, Pending, Abandoned)

PCT International Applications designative the United States:

_____ (PCT App No.)	_____ (US Serial No.)	_____ (PCT Filing Date)	_____ (Status)
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I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

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May 5, 2000

Date

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Serial No. 09/428,692 File No. 18475-016 By: DBB/BJM/rd
Title: NOVEL CHIMERIC ANALGESIC PEPTIDES
Application of Daniel B. Carr et al. Date: 10/28/99

The U.S. PTO Mail Room acknowledges receipt of the following on the date stamped herein:

- | | |
|---|--|
| <input type="checkbox"/> Req. for CPA under 37 CFR 1.53(b) | <input type="checkbox"/> Provisional Application Cover Sheet |
| <input type="checkbox"/> Change of Attorney's Address | <input type="checkbox"/> Inf. Disc. Statement, PTO Form 1449 |
| <input type="checkbox"/> New Power of Attorney | <input type="checkbox"/> References Cited |
| <input type="checkbox"/> Patent Application | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts |
| <input type="checkbox"/> Non-provisional <input type="checkbox"/> Provisional | <input checked="" type="checkbox"/> Response to missing parts |
| Incl. _____ pages, (_____ pg(s) Specification, | <input checked="" type="checkbox"/> Petition for Ext. of Time (x2) (4 mo.) |
| (_____ pg(s) Abstract, (_____ pg(s) Claims (_____ # claims) | <input type="checkbox"/> Issue Fee Transmittal |
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| <input checked="" type="checkbox"/> Declaration (executed) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Drawings _____ sheet(s) (FIGS. _____) | <input type="checkbox"/> Brief (x3) |
| <input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input checked="" type="checkbox"/> Check for \$1850.00 Check # 5965 |
| <input type="checkbox"/> Verified Statement claiming small entity status | <input type="checkbox"/> Transmittal Letter (x2) |
| <input type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Cert. of Mailing under 37 CFR 1.8(a) |
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Check No. 5964 in the amount of \$130.00 to cover the
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DATE MAILED May 15, 2000

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